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## \*BIBDATASHEET\*

CONFIRMATION NO. 2919

Bib Data Sheet

<b>SERIAL NUMBER</b> 09/872,185	<b>FILING OR 371(c) DATE</b> 06/01/2001 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1647	<b>ATTORNEY DOCKET NO.</b> 0575/64080/JPW/SHS/ALB
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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CIP of 08/755,235 11/22/1996 PAT 6,790,443  
 and is a CIP of 08/948,131 10/09/1997 PAT 6,555,651  
 and is a CIP of PCT/US99/23303 10/06/1999  
 which is a CIP of 09/263,312 03/05/1999 PAT 6,555,340  
 which is a CIP of 09/167,705 10/06/1998 PAT 7,081,241

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

UNITED STATES OF AMERICA PCT/US99/23303 10/06/1999

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED****\*\* 07/17/2001**

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 22	<b>TOTAL CLAIMS</b> 25	<b>INDEPENDENT CLAIMS</b> 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

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**TITLE**

RAGE-RELATED METHODS FOR TREATING INFLAMMATION

<b>FILING FEE RECEIVED</b> 1206	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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